Community Financial Services Federal Credit Union
Application for Loans & Services

APPLICANT

Amount Requested: _____

Purpose / Collateral _____

Term Requested: _____

Payment Protection

☐ Single Credit Disability
☐ Joint Credit Disability

Name	Member Account #	Social Security #	Date of Birth

Address	City	State	Zip	Years at Current Address

Prior Address (If less than 2 years)

Home Phone	Work Phone	Housing Status	Monthly Mortgage / Rent
( )	( )	☐ Own ☐ Rent	$

Employer - Name	Employer - Address	Years at job	Gross Annual Income
			$

Any Other Income (amount & source)   Alimony, child support, separate maintenance income need not be revealed
$ if you do not choose to have it considered as a basis for repayment.

CO-APPLICANT

Name	Member Account #	Social Security #	Date of Birth

Address	City	State	Zip	Years at Current Address

Employer - Name	Employer - Address	Years at job	Gross Annual Income
			$

Home Phone	Work Phone	Any Other Income (amount & source)
( )	( )	$

Applicant Reference: Name of Nearest relative _____

Address of nearest relative: _____   Relationship   Phone

Other Reference: Name _____

Address: _____   Relationship   Phone

SIGNATURES -   You promise that everything you have stated in this application is correct to the best of your knowledge. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal, or extension of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make it's decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal or state chartered credit unions insured by NCUA.   *Loan Application Fee $25.00 Refundable on approval, must be available in your account prior to loan processing.*

X_____

X_____

Signature of Applicant   Date

Signature of Spouse / Co-Applicant   Date

For Credit Union Use Only

Date:		Approved: ☐	Limit: $
		Denied: ☐	

Signatures:	Signatures: